



SISSETON-WAHPETON OYATE
COMMUNITY HEALTH EDUCATION PROGRAM
EXTERN SUPPLEMENTAL APPLICATION

Have you previously participated in the student extern program? _____

If yes, please indicate year(s) participated (ie 2022) _____

CONTACT INFORMATION:

Students' Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ Alternate Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

TRIBAL ENROLLMENT:

Tribal Affiliation: _____ District Registered: _____

ACADEMIC INFORMATION:

College/University Enrolled: _____

Degree seeking (specify degree & program): _____

No. of credit hours completed by end of Spring Semester 2023: _____

Expected Graduation Date: _____ Current GPA: _____ Cumulative GPA: _____

Are you returning to school for the Fall 2023 semester as a full-time student? ☐ Yes ☐ No

EXTERNSHIP:

Check the position you are applying for (if more than 1—rank from 1-3 with 1 being your first choice)

Sisseton IHS work sites: ____ Behavioral Health ____ Dental ____ Lab ____ Physical Therapy
____ Property & Supply

SWO work sites: ____ Asniyapi Clinic ____ Dakota Pride Treatment Center ____ Diabetes Prevention
Program ____ Veteran's Memorial Youth Center ____ Youth & Family TREE Program

Date applicant is available: Start Date: _____ End Date: _____

Do you have any special needs that we must be aware of to ensure a successful externship?

How did you hear about the Extern Program? _____



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APPLICATION CHECKLIST: REVIEW YOUR APPLICATION PACKET FOR COMPLETENESS

- ☐ Extern Supplemental Application
- ☐ Sisseton-Wahpeton Oyate Application for Employment
- ☐ Copy of Transcripts (Unofficial transcripts accepted)
- ☐ Copy of Tribal I.D. or Proof of Enrollment

By my signature I certify that, to the best of my knowledge and belief, all my statements are true, correct and complete. If selected, I agree to be alcohol and drug-free while a participant of the program. I understand that any violation of my commitment to be alcohol and drug free will result in my termination from the program.

SIGNATURE: _____ **DATE:** _____

Student Externs will be selected by the Health Careers Promotion Task Force Committee and may be invited to interview. Interviews will be conducted by phone or in person depending on availability. If selected you will be notified by phone or email.

I prefer to be notified by: Email ☐ Phone ☐

If selected do you give us permission to use your name, picture, degree and college information in our public relations materials, i.e press releases, program brochure, etc?
Your response does not affect your selection for this program.

Yes ☐ No ☐

SUBMIT APPLICATION AND ALL REQUIRED MATERIALS BY FRIDAY, MARCH 17, 2023 TO:

Sisseton-Wahpeton Oyate
Community Health Education Program
Attn: Audrey German
P.O. Box 509
Agency Village, SD 57262

HAND DELIVER TO:

Woodrow Wilson Keeble Memorial Health Care Center
100 Lake Traverse Drive, Room #E-23
Sisseton, SD

➡ ➡ ➡ INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED ⚡ ⚡ ⚡

Date Received: _____